

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043587

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 287

Primary Registration District No.

Registrar's No. 263

FILED NOV 19 1962

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY Page	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Length of stay in 1b 1 week	c. CITY OR TOWN Coin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmo Osteopathic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None in town Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Edward Thompson			4. DATE OF DEATH Month Day Year November 8, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/6/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired--Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas Thompson		13b. MOTHER'S MAIDEN NAME Vanie Ryan	
14. NAME OF HUSBAND OR WIFE Mattie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia with abscess left lung. P Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bacterial infection. and inanition. DUE TO (c) Carcinoma of cecum with metastasis to liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) and regionallymph nodes. Prolonged recumbency, cachexia.			INTERVAL BETWEEN ONSET AND DEATH few days. Sev. months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION March 8, 1960.		COUNTY Nov. 8, 1962	
21. I attended the deceased from 10 P.M. to Nov. 8, 1962 and last saw him alive on Nov. 8, 1962 Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Doctor or title) <i>Shenandoah</i> D.O.	
22b. ADDRESS Elmo, Missouri		22c. DATE SIGNED 11/10/62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/12/62	
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Coin, Iowa	
24. FUNERAL DIRECTOR Fred N. Hackett		25. DATE RECD. BY LOCAL REG. 11-14 62	
26. REGISTRAR'S SIGNATURE <i>Shenandoah</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

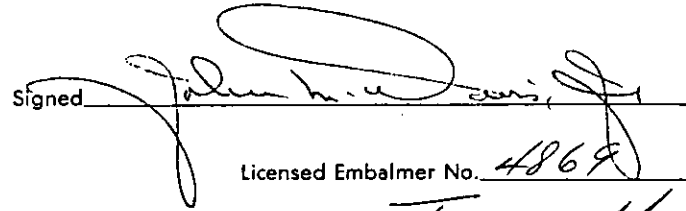
BY AFFIDAVIT OF

NOV 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4869

P. O. Address Tarrytown, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.